# 3.2 Medical Requirements Overview

#### TABLE 3.2: MEDICAL REQUIREMENTS OVERVIEW

MRID# and Title:	MR009L Pre- and Postflight Physical Exam for Long Duration Crews
Sponsor:	Medical Operations
IPT:	N/A
Category:	Medical Requirements (MR)
References:	ISS Medical Operations Requirements Document (MORD), SSP 50260 Rev A:  Section 3.0: Medical Evaluations, Certification and Monitoring
	Astronaut Medical Evaluation Requirements Document (AMERD), JSC 23834  Section II, Paragraph 2.7.2: Space Flight Medical Certification  Appendix A, Section III: Medical Standards/Procedures, Paragraph 3.14, Full Flight Surgeon Physical Examination  Appendix B, Section V: Pre- and Postflight Medical Evaluation Requirements for Long-Duration Flights (30 Days or More)  Appendix B, Table B3: Pre- and Postflight Medical Evaluation Requirements for Long Duration Flight
Purpose/Objectives:	To assess the medical status of crewmembers for pre- and postflight long-duration missions.
Measurement Parameters:	Vital signs, head/face, mouth, throat, ears, nose, eyes, chest, cardiovascular, abdomen, musculoskeletal, skin, and neurologic
Deliverables:	A preflight and postflight physical examination report will be included in the crewmember's medical record and eventually to be archived in CMIS
Flight Duration:	$\geq 30 \text{ days}$
Number of Flights:	Expedition 1 and subsequent flights
Number and Type of Crew Members Required:	All primary U.S. crewmembers. Back-up crew will only complete preflight MATs greater than L-45 days unless specifically waived by crew surgeon. If crew swap does occur, back-up crew will complete all preflight MATs.
Other Flight Characteristics:	N/A

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# 3.3 Preflight Training – NO TRAINING

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### 3.4 Preflight Activities

#### **TABLE 3.4: PREFLIGHT ACTIVITIES**

Preflight Activity  Description:	A full (L-30/45 days) and brief (L-10 & L-2 days) physical exam will be performed by the Flight Surgeon on the ISS crew. See Flight Surgeon Physical Exam Description on page 3.						
_	Duration:	Schedule:		Flexibility:		Personnel Required:	
Schedule:	Full Exam: 60 minutes Brief Exam: 30 minutes	L-30/45 days L-10, L-2 days		N/A N/A		Flight Surgeon & crew Flight Surgeon & crew	
Ground Support Requirements	Preflight Hardware:		Preflight Software:		Test Location:		
Hardware/Software	General physical exam hardware and consumables		N/A		U.S. or Russia		
Testing Facilities	Minimum Room Dimensions:	Number of Electrical Outlets: Tem		Temperature Ro	dequirements: Special Lighting:		
	Standard physical exam room, 8' X 10'	1 required (4 desired) 110V for U.S. 220V for Russia		Normal		N/A	
	Hot or Cold Running Water:	Priv	ivacy Requirements: Vibration/Acousti		stic Isolation:	Other:	
	Both are required	Private room and hallway (Neurologic), free from distraction		N/A		N/A	
Constraints/Special Requirements:	N/A						
Launch Delay Requirements:	The Physical Exam will be repeated at the Crew Surgeon's discretion if launch is delayed.						
Notes:	N/A  Data/Depart to Designated Rea	inianta (N	aminal/Cantinganar).				
Data Delivery	Data/Report to Designated Recipients (Nominal/Contingency):						
A preflight physical examination report will be included in the crewmember's medical record and eventual CMIS.						ally will be archived in	

## Flight Surgeon Physical Exam Description:

**Full** (L-30/45, R+0\*, R+2\*, R+10\*, R+30):

- Vital signs: pulse and blood pressure recumbent, sitting, standing, body temperature, respiratory rate, height, and weight
- Head and face: nares/nasal mucosa, sinuses, maxillary and frontal
- Mouth and throat.
- Ears: external meatus, tympanic membrane, and response to Valsalva
- Eyes: general appearance, extra-ocular movements, pupil reactivity, and ophthalmoscopic exam
- Neck: thyroid, vascular exam, motion
- Chest and lungs: cardiovascular exam, including cardiac auscultation, carotid and venous upstrokes, and peripheral pulses
- Abdomen: auscultation, palpitation of major organs and herniations
- Rectum/anus: to include prostate exam for males, rectal vault and occult blood testing
- Genitourinary exam: appearance, general exam, and herniations
- Breast exam
- Pelvic exam/Pap smear: for female crewmember (may be performed by a gynecologist)
- Extremities: to include range-of-motion and general strength assessments on a 1-5 scale
- Spine: general appearance and mobility
- Skin: to include lymphatics and identifying body marks
- Neurologic: to include standard functional exam and gait exam (see appended test)

#### **Brief** (L-7/10, L-2, R+20):

- Vital signs: pulse and blood pressure, body temperature, respiratory rate, height, and weight
- Ear, Nose, and Throat
- Chest and Lungs
- Abdominal
- Extremities/Spine
- Neurologic

<sup>\*</sup> Excludes rectal, genitourinary, breast, and pelvic.

# 3.5 In-Flight Activities – NO IN-FLIGHT ACTIVITIES

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### 3.6 Postflight Activities

#### **TABLE 3.6: POSTFLIGHT ACTIVITIES**

Postflight Activity Description:	A full (R+0, R+2, R+10, R+30 days) and brief (R+20 days) physical exam will be performed by the Flight Surgeon on the ISS crew.  See Flight Surgeon Physical Exam Description on page 3.						
Schedule:	Duration:	Schedule:		Flexibility:		Personnel Required:	
	60 minutes (Full) 30 minutes (Brief)	R+0, R+2*, R+10, R+30 days R+20 days		N/A N/A		Flight Surgeon & crew Flight Surgeon & crew	
Ground Support Requirements Hardware/Software	Postflight Hardware:	re: Postflight		Software:		Test Location:	
	General physical exam hardwa consumables	eral physical exam hardware and consumables		·		U.S. or Russia	
<b>Testing Facilities</b>	<b>Minimum Room Dimensions:</b>	Number of Electrical Outlets: Temperature Re		equirements:	Special Lighting:		
	Standard physical exam room, 8' X 10'	4 110V for U.S. 220V for Russia		Normal room temperature		N/A	
	Hot or Cold Running Water:	Privacy Requirements: Vibration		Vibration/Acous	stic Isolation:	Other:	
	Both are required	Private room, free from distraction		N/A		N/A	
Constraints/Special Requirements:	N/A						
Early Destow / Early Return:	N/A						
Notes:	*If R+2 is an off-duty day for the crew, the physical exam will be moved to R+3.						
Data Delivery	Data/Report to Designated Recipients (Nominal/Contingency):  A postflight physical examination report will be included in the crewmember's medical record and eventually will be archived in CMIS.						

MR009L MSD-MO-044

# 3.7 Summary Schedule

#### **TABLE 3.7: SUMMARY SCHEDULE**

ACTIVITY	DURATION	SCHEDULE	FLEXIBILITY	BLOOD VOLUME	PERSONNEL REQUIRED	CONSTRAINTS
Preflight Training -	N/A					
Preflight						
Physical Exam	60 minutes (Full) 30 minutes (Brief)	L-30/45 days L-10, L-2 days	N/A N/A	N/A N/A	Attending FS and crewmember	N/A N/A
In-Flight – N/A	•			-		•
Wheels-Stop - N/A						
Postflight						
Physical Exam	60 minutes (Full)	R+0, 2, 10, 30 days	N/A	N/A	Attending FS and crewmember	If R+2 is an off-duty day for the crew, the physical exam will be moved to R+3
	30 minutes (Brief)	R+20 days	N/A	N/A		N/A
Postflight Debrief						
N/A						

# MR009L Pre- and Postflight Physical Exam for Long Duration Crews

# MR009L MSD-MO-046

NAME			DATE	DATE				
	CH REFERENCE DAY	MISSIM	TIME					
I.	Neurological Signs and Symptoms (circle all appropriate).  1. Headache 1 = None 2 = Resolved 3 = Intermittent 4 = Persistent  2. Dizziness/Faintness 1 = None 2 = Resolved 3 = Moderate; Frequent (interferes with some activity) 4 = Severe; Persistent (interferes with most activity)			3 = Modera	Occasional (de nte; Frequent	oes not interfere (interferes with saterferes with mo	ome activ	
II.	3 = Moderate Nysta	nents s; Quickly remits in one direction gmus; Quickly remits in more than on ous; Sustained in any one direction	e direction					
	5. Finger to nose (clos	e eyes touch nose, open eyes touch fin	iger)	DTR	Right	Left	4	
	1 = Normal			Biceps (C5)				
	3 = Misses nose, to	st attempt, misses finger 1st attempt sches finger 1st attempt sses finger 1st attempt		Triceps (C5, 6)			1	
	6. Drift (close eyes, ex	tend arms, palms up)		Knee (L3, 4)				
	2 = Mild; One arm : 3 = Moderate; Two	arms slight drift		Heel (S1)				
	4 = Severe; Large d	rift of either arm		0 = Absent				
III.	1 = Normal 2 = Sway noted 3 = Catches self wit 4 = Unable to perfo 9. Leg lift - Hop (close 1 = Normal 2 = Hops with eyes 3 = Cannot stand on 4 = Cannot perform 10. Tandem/Hell to toe 1 = Normal 2 = Performs with a 3 = Slips/leans to or 4 = Cannot perform 11. Dynamic equilibriu 1 = Normal 2 = Walks straight, 3 = Walks straight, 4 = Cannot walk straight,	ck, uses arms and feet together, arms extended, close ey the leg extension rm with eyes close eyes, lift leg, hop 3 times, alternate) open one foot with eyes closed walk (5 meters) rms extended (sense of falling) the side but recovers rm (close eyes walk 9m turn 180 and recovers turn with difficulty cannot perform turn aight		1 = Diminished 2 = Normal, Bris 3 = Hyperactive, 4 = Clonus		ed		
Total	11 - 13 Norm 14 - 15 Susp > 15 Cons		nosturography	, gaze, and locome	otion tests.			